SUBWAY Accident Report – Customer or Employee

This accident report needs to be completed as soon as an accident occurs. (Within 1 hour) and reported to your Store Manager. Store Manager - must report this completed form to Fleming Subway Human Recourses within 24 hours of accident.

(Circle one)   **Employee   Customer**

Date of accident: _____ Time of accident: _____
Location address of accident: _____ Store # _____
_____
_____
Phone number where accident occurred: _____

Name of Claimant: _____
Address of Claimant: _____
_____
Phone number of Claimant: _____
Social Security Number of Claimant: _____
Date of Birth of Claimant: _____

Describe in as much detail as possible the accident. What caused the accident. What specific body part that was injured. (example: left wrist) Use back of page if necessary.
_____
_____
_____

Did claimant go to doctor? _____
Doctor's name: _____ Phone number: _____
Drug test result: negative   positive   (please circle one)

Names of any witnesses that actually saw the accident:
Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____

List all employees that were working at time of accident, but did not see accident:
Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____
Person filling out this report _____ Date _____
Job Title _____ Phone # _____

SUBWAY Accident Report – Customer or Employee

Fill out this page for employees only

If employee refuses to go to the doctor immediately after the accident, but then decides to go to the doctor at a later time, they may be responsible for paying their own medical costs. I _____ understand that if I do not go to the doctor immediately after this accident, but I decide to go at a later time, I may be responsible for paying my own medical expenses related to this accident.)

Employee marital status: (Circle one)　　　Married　　　　　Single

Employee date of hire: _____

(Circle one)　　　　　Fulltime　　　　　Part time

Employee's job title: _____

Rate of pay: _____

Is employee missing any time from work? _____

Was employee drug tested following the accident? _____

Name of supervisor: _____

Supervisor's phone number: _____

Supervisor's signature _____

Employee's signature _____